

(Revised 4-14-11)

471-000-503 Nebraska Medicaid Fee Schedule for Non-Emergency Transportation (NET) Services

HCPCS procedure codes are defined by the Centers for Medicare and Medicaid Services (CMS). For HCPCS procedure code definitions, refer to the CMS website at <http://www.cms.hhs.gov>. HCPCS procedure code manuals are available through private vendors.

For non-emergency ambulance service fee schedule, please see <http://www.dhhs.ne.gov/med/471-000-504-10.pdf>.

Nebraska Medicaid payment is the lower of the fee schedule allowable or the provider's submitted charge. The provider's submitted charge must not exceed their charge to the general public.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>MEDICAID ALLOWABLE (Eff. 5/1/11)</u>
A0090	Nonemergency transportation; per mile – vehicle provided by individual (family member, neighbor) with vested interest	\$.47
A0110	Nonemergency transportation; commercial train and bus intra- or interstate carrier, per one-way trip	BR
A0120	Nonemergency transportation; PSC exempt public transportation – per one-way trip	BR
A0130	Nonemergency transportation; commercial wheelchair van, per one-way trip base rate	\$38.00
A0140	Nonemergency transportation; air travel, commercial intra- or interstate, per one-way trip	BR
S0209	Nonemergency transportation wheelchair van, mileage, per mile	\$ 1.50
S0215	Nonemergency transportation; commercial sedan/van service, Mileage, per mile	\$ 1.50
T2001	Nonemergency transportation; agency escort, per quarter hour	\$ 5.00
T2001-52	Nonemergency transportation; individual escort, per quarter hour	\$ 2.38
T2003	Nonemergency transportation; commercial sedan/van service, flat rate, per one-way trip wholly within the corporate city limits of Omaha or Lincoln	\$ 16.00
T2003-52	Nonemergency transportation; commercial sedan/van service, per one-way trip base rate; not wholly within the corporate city limits of Omaha or Lincoln	\$ 7.65

DEFINITIONS

Base Rates – Non-emergency medical transportation base rates include all services, equipment and other costs, including: vehicle operating expenses, services of personnel, first five (5) "Loaded" miles of the trip, unloaded mileage, and usual waiting/standby time.

BR (By Report) – Paid at the public published rate, with administrative fee, based on the service and circumstances.

Loaded Mileage - Miles traveled while the client is present in the vehicle. Loaded mileage is covered for non-emergency medical transports when travel exceeds six or more miles. The first five (5) loaded miles is included in the payment for the base rate.